	chedule E)	ENDLINI LAFLINDI	ITONES		PAGE 1 OF 16 FOR SE OF FORM 24/48
	IAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				
۷۱	Workers' Voice C C00484287				C00484287
	neck if 24-hour report X 48-hour	report New repo	ort X Amends repo	ort filed on 10	
٦	Full Name of Payee COMMITTEE ON LETTER CA	ARRIERS POLITICA	AL EDUCATION	M	
	Mailing Address 100 Indiana Avenue, N.\	W.		Amount	0 06 2014
	City		Zip Code	Transac	2118.49
	Washington Purpose of Expenditure	DC	20001	Date of	ction ID: D546368 Disbursement or Obligation
	InKind Staff		Category/ Type 001	10	
	Name of Federal Candidate  MARK BEGICH		Support	Office Sought:	House District: 00
			Oppose	President	
	Calendar Year-To-Date Per Election for Office Sought		15716.39	Disbursement F	For:
	Full Name of Payee COMMITTEE ON LETTER CA	ARRIERS POLITICA	AL EDUCATION	Date of	
	Mailing Address 100 Indiana Avenue, I	N.W.		Amount	0 00 2017
	City	State	Zip Code		1025.99
	Washington	DC	20001		ion ID : D546369 Disbursement or Obligation
	Purpose of Expenditure InKind Staff		Category/ Type 001	M 10	M / D D / Y Y Y Y
	Name of Federal Candidate		X Support	Office Sought:	House District: 00
	MARK E UDALL		Oppose	President	
	Calendar Year-To-Date Per Election for Office Sought		26157.71	Disbursement F 2014 Othe	For:
	(a) SUBTOTAL of Itemized Independent I	Expenditures			3144.48
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures				
١	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			
	Ms. Elizabeth H Shuler	[Electron	ically Filed] Date		17 2014
	Signature				

PAGE 2 OF 16 FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER		
Vorkers' Voice  C C00484287					
heck if 24-hour report X 48-hour report New report X Amends report filed on 10 08 2014					
Full Name of Payee Voices of the American Fed	leration of Govern	ment Employees	M - M / B - B / I - I - I -		
Mailing Address 80 F Street, NW			10		
City	State	Zip Code	65.4	0	
Washington	DC	20001	Transaction ID : D546379 Date of Disbursement or Obligation	0	
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	10 / 06 / 2014	Y	
Name of Federal Candidate		Support	Office Sought: House District: 00	)	
ALISON LUNDERGAN GRIMES		Oppose	President Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought	7 7	50116.96	Disbursement For:  Primary  Gene 2014  Other (specify) ▶	eral	
Full Name of Payee			Date of Public Distribution/Dissemination	n	
Voices of the American Feder	ation of Governmer	nt Employees	10 06 2014	Υ	
Mailing Address 80 F Street, NW			Amount		
City	State	Zip Code	0.70		
Washington	DC	20001	Transaction ID : D546382 Date of Disbursement or Obligation	_	
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	10 / 06 / Y 2014	Y	
Name of Federal Candidate		Support	Office Sought: House District: 00	0	
CORY GARDNER		Oppose	President Senate State: CC		
Calendar Year-To-Date Per Election for Office Sought		26157.71	Disbursement For:  Primary	eral ——	
(a) SUBTOTAL of Itemized Independent	Expenditures		▶ 66.10	$\neg$	
	·		7 7 7		
(b) SUBTOTAL of Uniternized Independe	(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	e 10 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature					

PAGE 3 OF 16 FOR SE OF FORM 24/48					
IAME OF COMMITTEE (In Full)  Morkord' Voice					
Workers' Voice C C00484287					
check if 24-hour report X 48-hour report New report X Amends report filed on 10 08 2014					
Full Name of Payee Voices of the American Fede	eration of Governr	nent Employees	M - M / D - D / T - T - T		
Mailing Address 80 F Street, NW			10 06 2014 Amount		
City	Ctoto	Zin Codo	167.04		
City Washington	State DC	Zip Code 20001	Transaction ID : D546386 Date of Disbursement or Obligation		
Purpose of Expenditure InKind Staff		Category/ Type 001	10		
Name of Federal Candidate		Support	Office Sought: House District: 00		
MARK E UDALL		Oppose	President Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought	,	26157.71	Disbursement For:  Primary  General 2014  Other (specify) ▶		
Full Name of Payee Voices of the American Federa	ation of Governmen	nt Employees	Date of Public Distribution/Dissemination		
Mailing Address 80 F Street, NW			10 / 06 / 2014 Amount		
City	State	Zip Code	65.40		
Washington	DC	20001	Transaction ID : D546389  Date of Disbursement or Obligation		
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	10 06 / Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District: 00		
MITCH MCCONNELL		X Oppose	President Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought	7	50116.96	Disbursement For:  Primary  ☐ General 2014  Other (specify) ►		
(a) SUBTOTAL of Itemized Independent E	xpenditures		. > 232.44		
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures			<b>•</b>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	10 17 2014		
Oignaturo					

Schedule E)	A LINDITOTILE	,	PAGE 4 OF 16 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	New report X	Amends report	filed on 10 08 2014
Full Name of Payee Voices of the American Federation of C	Government Er	nployees	Date of Public Distribution/Dissemination
Mailing Address 80 F Street, NW			10 06 2014  Amount
City Sta	ate Zip Code		93.90
Washington	C 20001		Transaction ID : D546390  Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel	Categor Typ		10 06 7 2014
Name of Federal Candidate	×	Support	Office Sought: House District: 00
MARK E UDALL		Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	26157.71		Disbursement For: Primary General  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
AFSCME Special Account			10 06 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1625 L Street, NW			
			Amount
City	ate Zip Code	)	11.89
	OC 20036		Transaction ID : D546396  Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel	Categor Typ		10 / 06 / 2014
Name of Federal Candidate	×	Support	Office Sought: House District: 00
MARK BEGICH		Oppose	President Senate State: AK
Calendar Year-To-Date Per Election for Office Sought	15716		Disbursement For: ☐ Primary ☐ General  Other (specify) ►
_			
(a) SUBTOTAL of Itemized Independent Expenditures			105.79
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	r authorized committe		
Ms. Elizabeth H Shuler	[Electronically Filed	IJ Date	10 17 2014
Signature			

Schedule E)	PAGE 5 OF 16 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report X Amends	report filed on 10 08 2014
Full Name of Payee AFSCME Special Account	Date of Public Distribution/Dissemination
Mailing Address 1625 L Street, NW	10 06 2014 Amount
City State Zip Code	14.72
Washington DC 20036	Transaction ID : D546402 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type	002
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
MARK BEGICH Oppos	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
AFL-CIO	10 06 / Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW	Amount
	Allount
City State Zip Code	31.56
Washington DC 20006	Transaction ID : D546405  Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets  Category/ Type	004 10 / D 06 / Y Y Y Y Y
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
GARY PETERS Oppos	N41
Calendar Year-To-Date Per Election for Office Sought 63092.26	Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	46.28
(b) SUBTOTAL of Unitemized Independent Expenditures	······· <b>&gt;</b>
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or agreement committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed]	Date 10 17 2014
Signature	

Schedule E)	PAGE 6 OF 16 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report X Amends report	ort filed on 10 08 2014
Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination
Mailing Address 815 - 16th Street, NW	10 06 2014 Amount
City State Zip Code	24.40
City State Zip Code Washington DC 20006	Transaction ID : D546409 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets  Category/ Type 004	10 06 7 2014
Name of Federal Candidate Support	Office Sought: House District: 00
TERRI LYNN LAND Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 63092.26	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
AFL-CIO	10 06 Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW	Amount
City State Zip Code	17.31
Washington DC 20006	Transaction ID : D546412  Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets  Category/ Type 004	10 06 / Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
MARK E UDALL Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 26157.71	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) CUPTOTAL of the wine of large and set Free and the second set of the second second set of the second set of the second set of the second	
(a) SUBTOTAL of Itemized Independent Expenditures	41.71
(b) SUBTOTAL of Unitemized Independent Expenditures	. •
(c) TOTAL Independent Expenditures	<b>•</b>
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent c party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	e 10 17 2014
Signature	

Schedule E)		PAGE 7 OF 16 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287	
Check if 24-hour report X 48-hour report New re	eport X Amends report f	iled on 10 08 2014
Full Name of Payee		Date of Public Distribution/Dissemination
AFL-CIO		10 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW		Amount
City State	Zip Code	21.48
Washington DC	20006	Transaction ID : D546415  Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets	Category/ Type 004	10 06 / Y Y Y Y Y Y
Name of Federal Candidate	Support O	ffice Sought: House District: 00
MARK BEGICH	Oppose	President Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General  Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
AFT Solidarity 527		10 06 Y Y Y Y Y Y
Mailing Address 555 New Jersey Ave. N.W.		10 00 2014
Í		Amount
City State	Zip Code	255.65
Washington DC	20001	Transaction ID : D546418  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	10 / 06 / Y Y Y Y
Name of Federal Candidate	X Support O	Office Sought: House District: 00
GARY PETERS	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General 014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······	277.13
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditur with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electr	onically Filed] Date	10 17 2014
Signature		

Schedule E)	TI EXI END	TIONES		PAGE 8 OF 16 FOR SE OF FORM 24/48	
IAME OF COMMITTEE (In Full)  Morkors' Voice					
Workers' Voice			C	C00484287	
Check if 24-hour report X 48-hour report	New rep	port X Amends repo	ort filed on 10	08 / 2014	
Full Name of Payee AFT Solidarity 527			M = M /	Distribution/Dissemination	
Mailing Address 555 New Jersey Ave. N.W.			Amount	06 2014	
City	State	Zip Code		255.65	
Washington	DC	20001	Transaction II Date of Disbut		
Purpose of Expenditure InKind Staff		Category/ Type 001	10	06 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
TERRI LYNN LAND		X Oppose	President >	<u> </u>	
Calendar Year-To-Date Per Election for Office Sought	, , ,	63092.26	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶	
Full Name of Payee AFT Solidarity 527			Date of Public	Distribution/Dissemination	
Mailing Address 555 New Jersey Ave. N.W.			10	06 / 2014	
			Amount		
City	State	Zip Code		385.24	
Washington  Purpose of Expenditure	DC	20001	Transaction ID  Date of Disbu	rsement or Obligation	
Inkind Staff Travel		Category/ Type 002	10	06 / 2014	
Name of Federal Candidate		X Support	Office Sought:	House District: 00	
GARY PETERS		Oppose	President >	Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought	77	63092.26	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expendent	ditures				
(,, == = = = = = = = = = = = = = = = = =			4	4	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	42	
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorize				
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	10 17	2014	
Signature					

Schedule E)	51125	PAGE 9 OF 16 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New report	Amends report filed	on 10 08 2014
Full Name of Payee AFT Solidarity 527		Date of Public Distribution/Dissemination
Mailing Address 555 New Jersey Ave. N.W.		10 06 2014 Amount
City State Zi	p Code	431.92
Washington DC 20	0001	Transaction ID : D546428 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	10 06 / 2014
Name of Federal Candidate	Support Office	e Sought: House District: 00
TERRI LYNN LAND	X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 63	092.26 Disbu 2014	ursement For: Primary X General  Other (specify) ▶
COMMUNICATIONS WORKERS OF AMERICA WO	ORKING VOICES	10 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zi	p Code	225.25
	0001	Transaction ID : D547211 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	10
Name of Federal Candidate	Support Office	e Sought: House District: 00
MARK BEGICH	Oppose	President Senate State: AK
Calendar Year-To-Date Per Election for Office Sought	15716.39 Disbu	ursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	······	657.17
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronical	11 17:1 17	0 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	NOLIVI EXI EN	TI OTILO	PAGE 10 OF 16 FOR SE OF FORM 24/48		
IAME OF COMMITTEE (In Full)  Morkoval Voice					
Workers' Voice C C00484287					
check if 24-hour report X 48-hour report New report X Amends report filed on 10 08 2014					
Full Name of Payee UFCW Int'l Union Working Fa	milies Advocacy	/ Project	Date of Public Distribution/Dissemination		
Mailing Address 1775 K Street, NW			Amount		
City	State	Zip Code	109.94		
Washington	DC	20006-1598	Transaction ID : D546435 Date of Disbursement or Obligation		
Purpose of Expenditure InKind Staff		Category/ Type 001	10		
Name of Federal Candidate		Support	Office Sought: House District: 00		
GARY PETERS		Oppose	President Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought		63092.26	Disbursement For:  Primary  General 2014  Other (specify) ▶		
Full Name of Payee UFCW Int'l Union Working Fam	ilies Advocacy Pr	oject	Date of Public Distribution/Dissemination		
Mailing Address 1775 K Street, NW			10 06 2014 Amount		
City	State	Zip Code	71.70		
Washington	DC	20006-1598	Transaction ID : D546436  Date of Disbursement or Obligation		
Purpose of Expenditure InKind Staff		Category/ Type 001	10 / 06 / 2014		
Name of Federal Candidate		Support	Office Sought: House District:00		
TERRI LYNN LAND		X Oppose	President Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought		63092.26	Disbursement For:  Primary  General 2014  Gther (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
			7 7		
(c) TOTAL Independent Expenditures			<b>•</b>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Elizabeth H Shuler Signature	[Electro	nically Filed] Date	10 17 2014		
- griddio					

FOR SE	
NAME OF COMMITTEE (In Full)	TION NUMBER ▼
Workers' Voice C C0048428	7
Check if 24-hour report X 48-hour report New report X Amends report filed on 10 08	2014
Full Name of Payee Colorado AFL-CIO L2K  Date of Public Distribution	/ Y = Y = Y
Mailing Address 140 Sheridan Blvd  Amount	2014
City State Zip Code	38.00
Denver CO 80226 Transaction ID : D5464 Date of Disbursement o	46
Purpose of Expenditure InKind Staff  Category/ Type 001 10 06	2014
Name of Federal Candidate Support Office Sought: House	District: 00
MARK E UDALL Oppose President Senate	State: CO
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: □ Prima 2014 □ Other (specify) ▶ □	ary X General
Full Name of Payee Retail, Wholesale and Department Store Union International Treasury Account	on/Dissemination
10 / 06	2014
Mailing Address 30 E29th St.  Amount	
City State Zip Code	36.00
New York NY 10016 Transaction ID : D54644  Date of Disbursement o	
Purpose of Expenditure InKind Staff  Category/ Type  Oo1  10  O6	2014
Name of Federal Candidate Support Office Sought: House	District:00
TERRI LYNN LAND  Oppose  President  Senate	State: MI
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: □ Prima 2014  Other (specify) ▶ □	ary X General
	1 12.5.1
(a) SUBTOTAL of Itemized Independent Expenditures	74.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consu with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity party committee) any political party committee or its agent.	
(T) 11 T) 17	2014

Schedule E)	LIVI EXI EIV	DITORILO	PAGE 12 OF 16 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)  Montropy Voice					
Workers' Voice	C C00484287				
theck if 24-hour report X 48-hour report New report X Amends report filed on 10 08 2014					
Full Name of Payee Retail, Wholesale and Department Store	Union Internat	onal Treasury Accour	M = M   /   D = D   /   Y = Y = Y = Y		
Mailing Address 30 E29th St.			10 06 2014 Amount		
City	State	Zip Code	36.00		
New York	NY	10016	Transaction ID : D546452 Date of Disbursement or Obligation		
Purpose of Expenditure InKind Staff		Category/ Type 001	10 D D D D D 2014		
Name of Federal Candidate		Support	Office Sought: House District: 00		
GARY PETERS		Oppose	President Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought		63092.26	Disbursement For:  Primary  General  General  Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination		
Rocky Mountain Voter Outreach, L	LC.		10 06 Y 2014		
Mailing Address 899 Logan Street, Suite 300			Amount		
City	State	Zip Code	441.60		
Denver	СО	80203	Transaction ID : D546454  Date of Disbursement or Obligation		
Purpose of Expenditure Canvasser		Category/ Type 001	10 06 7 2014		
Name of Federal Candidate		X Support	Office Sought: House District: 00		
MARK E UDALL		Oppose	President Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought	,	26157.71	Disbursement For:  Primary  General 2014  Gther (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Exp	enditures				
			7 7 7		
(c) TOTAL Independent Expenditures			<b>•</b>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Elizabeth H Shuler Signature	[Electr	onically Filed] Date	10 17 2014		
Signaturo					

Schedule E)	I EXI END	II OILEO		PAGE 13 OF 16 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			1	FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report X 48-hour report	New rep	oort X Amends repo	ort filed on 1	0 08 2014
Full Name of Payee AFSCME for Michigan			M	f Public Distribution/Dissemination
Mailing Address 1625 L Street, NW			Amoun	10 06 2014 t
City	State	Zip Code		123.19
Washington	DC	20036		iction ID : D546462 f Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	M	10 06 / 2014
Name of Federal Candidate		Support	Office Sought:	: House District: 00
GARY PETERS		Oppose	Preside	NAI NAI
Calendar Year-To-Date Per Election for Office Sought		63092.26	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
Full Name of Payee AFSCME for Michigan  Mailing Address 1625 L Street, NW			M	f Public Distribution/Dissemination
City	State	Zip Code		429.96
Washington	DC	20036		ction ID : D546463 f Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001		10 06 2014
Name of Federal Candidate		X Support	Office Sought	: House District: 00
GARY PETERS		Oppose	Preside	nt Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	63092.26	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	<del>)</del> S			553.15
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· •	7 7 7
(c) TOTAL Independent Expenditures			•	7 7 4
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	M M /	17 / Y = Y = Y = Y = Y = Y
Signature				

Schedule E)	0111 01 IIIDE1 EI	DENT EXTENS			PAGE 14 OF 16 FOR SE OF FORM 24/48
NAME OF COMMITTER	E (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice					C C00484287
Check if 24-hour r	eport X 48-hour repo	ort New rep	ort X Amends repo	ort filed on	08 2014
Full Name of Payer AFSCME for	Michigan				f Public Distribution/Dissemination
Mailing Address 16	325 L Street, NW				10 06 2014
City Washington		State DC	Zip Code 20036	Transa	144.29 action ID : D546464
			20030		f Disbursement or Obligation
Purpose of Expend Inkind Staff Travel	iture		Category/ Type 002		10
Name of Federal C	andidate		Support	Office Sought	: House District: 00
TERRI LYNN LAND	)		X Oppose	Preside	nt Senate State: MI
Calendar Year- Per Election fo	To-Date or Office Sought		63092.26	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payer					of Public Distribution/Dissemination
AFSCME for I	Michigan			M	10 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	1625 L Street, NW				للنبا لنا لن
				Amour	nt
City		State	Zip Code		429.96
Washington		DC	20036		ction ID: D546468 of Disbursement or Obligation
Purpose of Expend InKind Staff	iture		Category/ Type 001		10 06 2014
Name of Federal C	andidate		Support	Office Sought	: House District: 00
TERRI LYNN LANI	)		Oppose	Preside	ent Senate State: MI
Calendar Year- Per Election fo	-To-Date or Office Sought		63092.26	Disbursement 2014 Ot	t For: Primary X General
(a) SUBTOTAL of It	emized Independent Expe	enditures		. •	574.25
(b) SUBTOTAL of U	Initemized Independent E	xpenditures		· •	
(c) TOTAL Independ	dent Expenditures			· ·	7 1 7 1 7
with, or at the reque		candidate or authorized			coperation, consultation, or concert he reporting entity is not a political
	abeth H Shuler	[Electron	nically Filed] Date	e 10	17 2014
Signature					

Schedule E)	PAGE 15 OF 16 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report X Amends report filed on	10 08 2014
Great Lakes Regional Organizing Committee/LIUNA General Treasury	of Public Distribution/Dissemination
Mailing Address 8770 Bryn Mawr Ave, #1212 Amor	
City State Zip Code	108.38
Chicago IL 60631 Trans	saction ID : D546474 of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soug	ht: House District: 00
GARY PETERS Oppose Presid	
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ont For:
Full Name of Payee Great Lakes Regional Organizing Committee/LIUNA General Treasury	e of Public Distribution/Dissemination
Mailing Address 8770 Bryn Mawr Ave, #1212 Amo	
City State Zip Code	108.38
Date	saction ID : D546476 e of Disbursement or Obligation
Purpose of Expenditure InKind Staff  Category/ Type  001	10 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soug	ght: House District: 00
TERRI LYNN LAND Oppose Presid	
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	216.76
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler  [Electronically Filed] Date	17 / 2014

Schedule E)	FORT OF INDEP	LINDLINI LAFLIND	ITONES		PAGE 16 OF 16 FOR SE OF FORM 24/48
NAME OF COMMITTI	,				FEC IDENTIFICATION NUMBER ▼
Workers' Voice	<del>)</del>				C C00484287
Check if 24-hour	report X 48-hour	report New rep	ort X Amends repo	ort filed on	10 08 2014
Full Name of Pay	ee			Date	of Public Distribution/Dissemination
USW Works				[	10
Mailing Address	FIVE GATEWAY CENT	ER		Amou	unt
City		State	Zip Code	— I [ '	217.95
Pittsburgh		PA	15222		saction ID: D546372 of Disbursement or Obligation
Purpose of Exper InKind Staff	diture		Category/ Type 001		10 06 2014
Name of Federal	Candidate		X Support	Office Sough	nt: House District: 00
MARK E UDALL			Oppose	Presid	lent Senate State: CO
Calendar Yea Per Election	r-To-Date for Office Sought		26157.71	Disbursemer 2014	nt For:
Full Name of Pay	ee				of Public Distribution/Dissemination
Mailing Address				L	
				Amoi	unt
City		State	Zip Code	T L	
			1	Date	of Disbursement or Obligation
Purpose of Exper	naiture		Category/ Type		M M / D D / Y Y Y Y
Name of Federal	Candidate		Support	Office Soug	ht: House District:
			Oppose	Presid	dent Senate State:
Calendar Yea Per Election	ar-To-Date for Office Sought			Disburseme	nt For:
(a) SUBTOTAL of	Itemized Independent	Expenditures		. •	217.95
(b) SUBTOTAL of	Unitemized Independe	nt Expenditures		· •	
(c) TOTAL Indepen	ndent Expenditures			· •	7507.34
with, or at the requ		any candidate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. El	izabeth H Shuler	[Electron	ically Filed] Date	9 10	17
Signaturo					